

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NAME **Cresline-Northwest LLC**
ADDRESS **223 Maurin Road**
Chehalis, WA 98532

COUNTY **Lewis**
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Monthly

ST 6076
PERMIT NUMBER

001
DISCHARGE NUMBER

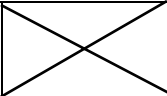
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
(20-21)	(22-23)	01 (24-25)		(26-27)	(28-29)	(30-31)

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

**NOTE: Read instructions before
completing this form.**

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)		(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)					
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS								
Flow	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT	600	700	gpd					0	01/30	METERED					
pH	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT				6		9	S.U.	0	01/30	GRAB					
Oil & Grease	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT						Report	mg/L	N/A	01/30	GRAB					
Copper	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT						0.25	mg/L	0	01/30	GRAB					
Lead	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT						0.14	mg/L	0	01/30	GRAB					
Zinc	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT						1.4	mg/L	0	01/30	GRAB					
	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT															
	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT															
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE								
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)																

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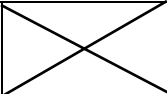
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